

2013 ANNUAL REPORT

Nashville Area Indian Health Service





Earl J. Barbry, Sr.
1950-2013

Chairman Earl J. Barbry, Sr.

Chairman Barbry was elected Tribal Chairman in 1978 and was appointed as Tribal Administrator that same year. Under his leadership, amazing changes took place. Where once there were barren fields and wooded areas with a few shanties scattered about, one now will see unique developments, such as a Tribal Administrative Office, Health Department, Social Services Office, Gaming Board, Gaming Commission Office, and Tribal Police Court Building. Under Chairman Barbry's tenure, Tribal land holdings also significantly increased. During his leadership, the Tunica-Biloxi Tribe of Louisiana received federal recognition in September of 1981.



Barbry was a nationally renowned American Indian Leader, serving on the board of the United South and Eastern Tribes, Inc. (USET), representing federally recognized Tribes from Louisiana to Maine. He also had a leadership role in the Louisiana Inter-Tribal Council, an organization that serves both federal and state-recognized Indian communities. Barbry was a descendent from a long, unbroken line of Tunica-Biloxi Chiefs. His grandfather, Elijah Barbry, was the first activist Chief in Louisiana to attempt to get a federal response to the needs of the Louisiana Indian people.

Under Barbry's leadership, the Tunica-Biloxi repatriated tribal artifacts which had been looted from their 15th century cemetery near St. Francisville, LA. A court action initiated from Tunica-Biloxi helped build the foundation for the Native American Graves Protection and Repatriation Act.

Chairman Barbry had overseen the construction of major housing developments, paved roads, a Tribal Center, court complex, welfare office, a hotel-casino recreation complex, and a new million dollar cultural and education center.

Barbry was named the recipient of the Avoyelleas of the Year Award in 1993 by the Avoyellen Journal, the highest award given in Avoyelles Parish, Louisiana. In 1996, the Marksville Chamber of Commerce named him Minority Businessman of the Year. He received the 2005 Leadership Award of the National Indian Gaming Association. In 2006, he was named a Louisiana Legend by Louisiana Public Broadcasting in recognition of his cultural, educational, and economic contributions to the region and the state. He was the first American Indian to receive this honor.

In December 2011, Chairman Barbry was awarded an honorary doctorate of humane letters by Northwestern State University during its fall commencement exercises. Chairman Barbry is survived by his wife, Gail Kelone Barbry, and two sons, Earl, Jr. and Joel, along with two grandchildren, Alexis and Anabelle, which he considered his greatest legacy.



2013 ANNUAL REPORT

Nashville Area Indian Health Service



“Speaking of Success in Terms of Outcomes and Results”

-Dr. Yvette Roubideaux, IHS Director

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“To Raise the Physical, Mental, Social and Spiritual Health of

pg. **3**

Priority 1.
Renew and Strengthen
Our Partnerships with Tribes

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Priority 2.
Reform the
Indian Health Service

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Priority 3.
Improve the Quality of
and Access to Care



American Indians and Alaska Natives to the Highest Level.”

pg. **6**

Priority 4.
Make all our Work Transparent,
Accountable, Fair, and Inclusive

pg. **7**

Priority 5.
Customer Service



Nashville Area Office Indian Health Service



“Speaking of Success in terms of outcomes and results”

Osiyo Neegadawu, (Hello Everyone)

As the Area Director of the Nashville Area Indian Health Service (IHS), I would like to present to you the Fiscal Year 2013 Annual Report, our fourth annual report to you. I am deeply committed to the mission of this Agency, which is to elevate the health status of American Indians and

Alaska Natives. It continues to be my goal to enhance our communications in our region to all stakeholders. This includes 29 Tribal Nations across 14 states, three urban sites, and Headquarters. This Annual Report encompasses our services to 54,486 patients and our stakeholders over the past year and reflects our commitment to make our work accountable, transparent, fair, and inclusive, one of the five priorities of the Agency.

2013 was a very challenging year for the Nashville Area IHS. We lost a great Tribal Leader, Chairman Earl Barbry, of the Tunica-Biloxi Tribe of Louisiana, and we dedicate this report to him. His legacy of leadership and his advocacy will continue to live on throughout Indian Country. We also survived a tough financial year where, despite sequestration and recissions, our staff was able to maximize services to you through improved efficiency of operations.

As we take this opportunity to reflect upon our achievements and set new goals for the upcoming year, we also take time to reflect on the pioneers who harmoniously advocated for health care through the establishment of the United South and Eastern Tribes, Inc. (USET) organization and an Area Office in Nashville, TN: the Miccosukee Tribe of Indians; the Seminole Tribe of Florida; The Eastern Band of Cherokee; and the Mississippi Band of Choctaw Indians, as well as our first Area Director, RADM (ret.) Jim Meredith. I like to think they would be pleased with our efforts to improve the health care of our Native American people over the past few years.

Here are some highlights of some of our FY2013's achievements:

- (1) As an Area, we met 21 out of 21 Government Performance Results Act (GPRA) measures that demonstrate our commitment to preventive health care.
- (2) In “Renewing and Strengthening Partnerships,” the Nashville Area frequently consulted with our tribal partners and we attended meetings of the USET to keep our stakeholders informed of our work on their behalf.
- (3) In “Reforming the IHS,” we drastically cut down the hiring time for new employees, which has resulted in us hiring more people to serve the Nashville Area Tribes and Nations.
- (4) In “Improving the Quality of, and Access to Care,” by meeting our GPRA measures, we expanded dental services at Micmac and Mashpee, promoted the Millions Heart Campaign to prevent heart disease, deployed the electronic health record (EHR) to 26 sites in order to improve efficiency and quality of patient services, demonstrated Meaningful Use of the EHR, which resulted in \$1.9 million in incentive payments to our tribes, and maintained accreditation at the Micmac, Catawba, and Unity federal facilities.
- (5) In “Making our Work Accountable, Transparent, Fair, and Inclusive,” we completed 23 Indian Self-Determination and Education Act (ISDEA) funding agreements with Tribes & Nations totaling \$115,194,955.
- (6) Nashville Area was nationally recognized and a recipient of the 2012 National Award for its Annual Report.

The Nashville Area, IHS “Speaking of Success in terms of outcomes and results” (cont.)

I am proud of what we- the Nashville Area Office, our service units and Tribal partners- have achieved in 2013 and over the past few years. My plan is to continue to improve communications through quarterly updates, emails, websites, etc. I also welcome your comments and ideas of how we can better serve you. Together, we are the Nashville Area, and together we can build a brighter future and improve health for all of the Native Americans we serve.

Do-da-di go hv i, (Until we meet each other again)

Martha Ketcher, MBA, HCM
Nashville Area Director

Pioneers of Nashville Area and United South & Eastern Tribes, Inc. (USET)



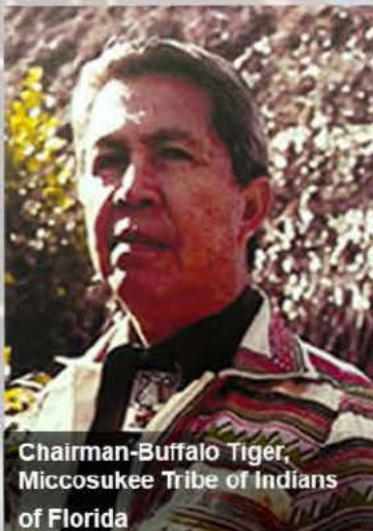
Chairman-Emmett York, Mississippi
Band of Choctaw Indians



Chairwoman-
Betty Mae Jumper,
Seminole Tribe of Florida



2012 National Award



Chairman-Buffalo Tiger,
Miccosukee Tribe of Indians
of Florida



Principal Chief-
Walters S. Jackson,
Eastern Band of Cherokee



Area Director,
RADM, Jim Meredith



Priority 1. Renew and Strengthen



Partnering-USET

Strengthening Partnerships

Partnered with USET for outreach and education of Affordable Care Act and Indian Health Care Improvement Act
Liz Neptune & Liz Malerba provided ACA Training



GROUND BREAKING- Mississippi Band of Choctaw Indians

Strengthening Partnerships

Joint Venture with the Mississippi Band of Choctaw Indians for a new \$55 Million hospital, 178,000 sq. ft. 20-Bed Facility



CONSULTED-Tuscarora Nation

Building Partnerships

Consulted with the Tuscarora Nation regarding medical equipment and leasing new clinic building



HHS Consultation

Partnerships

USET Meeting is a forum to consult with Area Tribes and HHS Regional consultation



CONSULTED-Tonawanda Nation

Building Partnerships

Consulted with the Tonawanda Nation on Bridge Funding to expand health services

Partnerships with Tribes



Conferring Urban Program Partnership

- Dr. Palmeda Taylor led the Urban Program Initiative
- The NAO provided technical assistance including guidance on the ACA and improvement projects



FUNDED-Shinnecock Nation

Strengthening Partnerships

Presentation of funding to the Shinnecock Nation to pursue Contract Health Services Operations



National Indian Health Board 30th Annual Consumer Conference

Strengthening Partnerships

IHS Director updates Tribal partners at the National Health Board's 30th Annual Consumer Conference



Strengthening Partnerships

Principal Chief-Michell Hicks, EBCI hosted the the 2013 Veterans Summit



Priority 2. Reform the Indian

Stewardship of Efficient Spending

2013 Nashville Area Office Awards Ceremony



**NAO-Public Health Advisor,
Ashley Jernigen**

Spearheaded efficient spending efforts by reducing the cost of the NAO Awards Ceremony by **93%**, over the previous year, without sacrificing quality.



**NAO-Supervisory Management
Analyst, Marla Jones**

Led the Division of Technical Support and the enforcement of efficient spending policies, resulting in cost savings of approximately \$450,000 in area office travel and conference expenditures



**NAO-Chief Medical Officer,
Dr. Harry Brown**

Educated care providers on CHS/Purchase & Referred Care (PRC) leading to **63%** improvement rate on CHS referrals.

Travel Form Implemented

CONFERENCE, MEETINGS, AND TRAVEL PLANNING			
<small>Form must be completed and approved by the Area Director prior to obligations made. The form will need to be attached as a support document in GDS/Trip prior to final approval of Travel Order.</small>			
Employee's Name:		Title:	
Program:		Office:	
Dates of Travel:		From: To:	
Travel For:		<input type="checkbox"/> Conference <input type="checkbox"/> Symposium <input type="checkbox"/> Training <input type="checkbox"/> Meeting <input type="checkbox"/> Other	
Name of Function:			
Purpose of Attendance:			
Location of Function:			
Registration Fees:	Room, meals, etc.	Per Diem:	Total Costs:
	Travel Costs:		0
<small>*Obligations of funds for travel, and other costs, without proper approval is considered a violation of the Anti-Deficiency Act.</small>			
Employee's Signature:			
Date:			
Supervisor's Signature:		Funds Certified:	CARS:
Supervisor's signature assures that travel is budgeted and within Travel Cap:			
Date:		Date:	
Area Travel/Conference Coordinator for Tracking Purposes:			
Date:			
Area Director's Signature:			
Date:			

**Implemented Travel Planning Form in
support of efficient spending**

Conference & Travel Efficient Spending



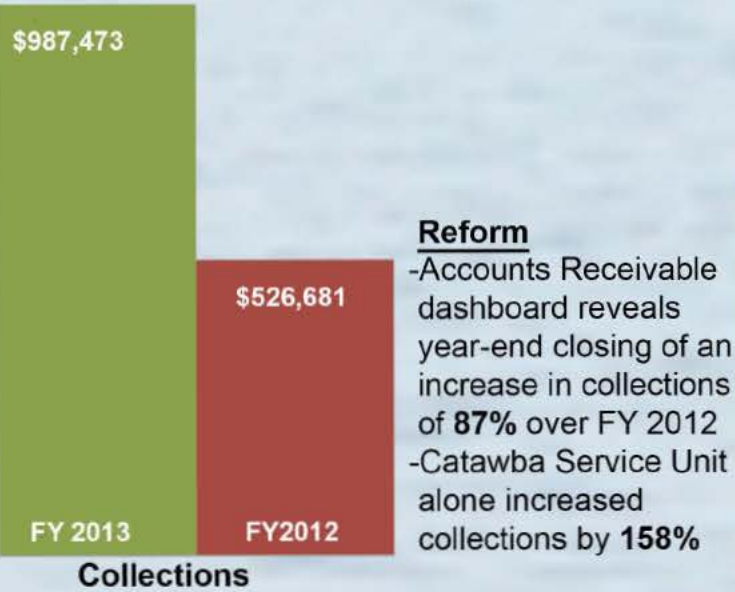
Travel Cost

Reform

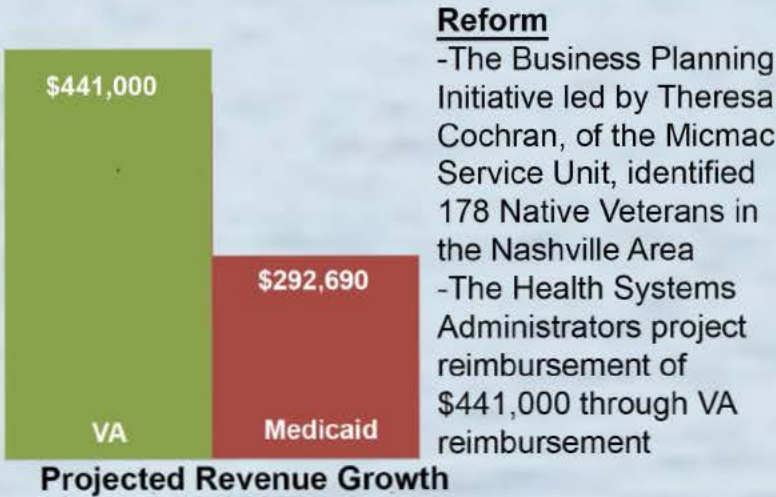
-Ended within 81% of
Travel Target of \$732,182

Health Service

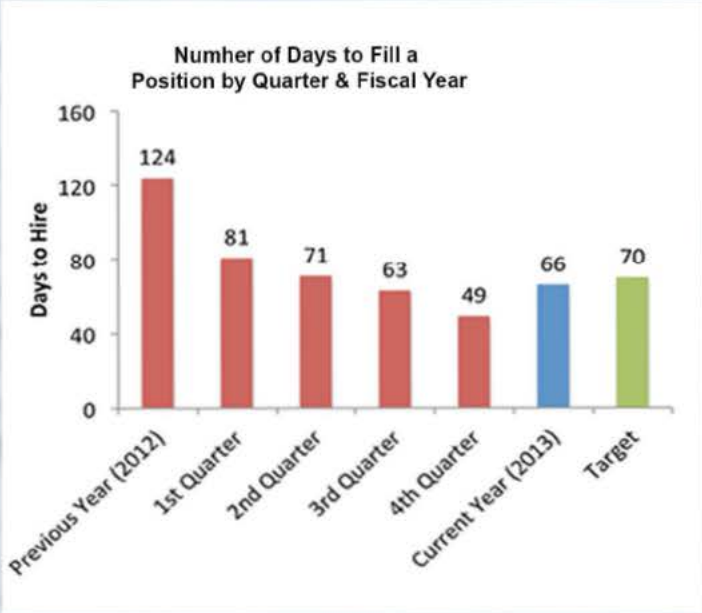
Accounts Receivable Dashboard



ACA Revenue Growth in FY 2014

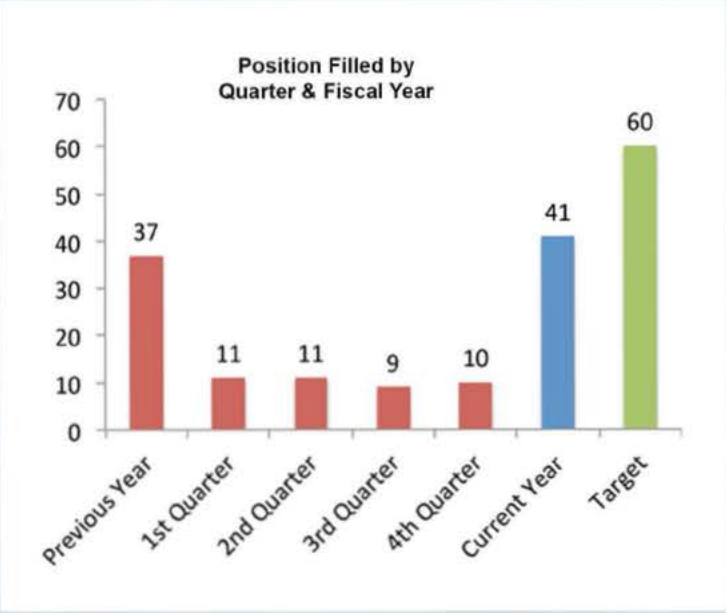


Number of Days to Fill Position



-Reduced hiring time from 81 days in 2012 to 66 days in 2013

Positions Filled



-Reduced vacancy rate by 10%
 -Experienced a loss of two HR Specialist to other IHS positions. Those vacancies have been filled



Priority 2. Reform the Indian

Affordable Care Act (ACA)

HealthCare.gov

Learn

Get Insurance

Log in

Español

Individuals & Families

Small Businesses

All Topics ▾

Search

SEARCH

WELCOME TO THE MARKETPLACE: Find health coverage that meets your needs and budget.

Enroll by January 15 for coverage starting February 1.

Open enrollment ends March 31.



The **Affordable Care Act** law applies to American Indian and Alaska Native individuals as they are a part of the U.S. health care system, and may use sources of health care other than the Indian Health Service, such as private or employer-sponsored health insurance, Medicare, Medicaid, Community Health Centers and the Veteran's Administration.

The Affordable Care Act provides American Indians and Alaska Natives more choices to use the Indian Health Service, if they are eligible, to purchase affordable health care coverage, and/or to access coverage through other sources such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), if they are eligible.

The **Affordable Care Act** also impacts Indian Tribes because they may purchase insurance for their employees or their members, and can benefit from more affordable options and reduced costs. The Indian Health Service and its hospital and clinics are also enhanced under the **Affordable Care Act** because many provisions expand coverage or improve the quality of healthcare for all Americans, including under-represented minorities.

Quick Facts

- Indians are exempt from the mandate
- Provides monthly enrollment periods for member of federally recognized tribes
- Preventive and screening services are covered by insurance companies, such as vaccinations, mammograms, and depression coverage

Key Facts

- First Time exemption application is needed by April 2015
- Open enrollment closes March 31, 2014

What you need to apply for coverage

- Social Security Numbers or Document Number for legal immigrants
- Employer and Income information for every member of your household who needs coverage
- Policy numbers for any current Health Insurance Plans
- Completed Employer Coverage Tool for every job-based plan you or someone in your household is eligible for.

Health Service

State Health Insurance Marketplace Decision as of May 10, 2013



Status of State Medicaid Expansion Decision as of December 11, 2013



OPH Connection

Nashville Area Office-015

September, 2013

The Patient Protection and Affordable Care Act

What is the Affordable Care Act?

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA is a historic health care reform law that aims to expand access to health care coverage while introducing new protections for people who already have health insurance. Under the new law, health care will become affordable, adequate, and available for all Americans. By 2019, it is estimated that the Affordable Care Act will extend insurance coverage to 32 million more Americans.

This new law affects all Americans, so it is important to understand what the law means for you. This newsletter is designed to help you understand what the law is and how it will benefit you and your family.



Why is the Affordable Care Act Important?

America has some of the best health care in the world, and yet, in 2010 one in seven Americans lacked health insurance.

Rising health insurance costs meant that fewer Americans could afford or access health care. From 2003-2010, the average health insurance premium for a worker with a family was approximately \$14,000 per year. The high cost of health insurance forced many Americans to choose between paying for coverage or other basic needs.

In addition to the problem of rising health care costs, Americans experienced challenges with patient protection. Prior to the Affordable Care Act, individuals could be denied coverage because of a pre-existing condition; health insurance companies could raise

Nashville Area & the ACA

-Upon renewal of 2013 Funding Agreements, the Nashville Area ACA Insurance Exchange Implementation Team implemented 44 separate ACA/IHCIA provisions

-The Office of Public Health produced a special newsletter focusing on The Patient Protection and Affordable Care Act (ACA)



Priority 3. Improve the Quality



Lockport Service Unit

- Patients are expected to start accessing services through the new Lockport Service Unit in Lockport, New York.
- Target date for accepting patients is April 2014.



Seneca Nation Health System-Cattaraugus Indian Reservation Health Center

IPC-4 Team: (Front L-R) Monica Fellenz-PA, Dr. Cristina Misa-CMO, Dr. Corinna Krist-Provider (Back L-R) Brenda Giacchino-RN Supervisor, Cindy Doolittle-IPC RN Leader, Lori Crassi-Team RD/CDE, Sue Hill Team RN, Tracy White-CDE/QI RN, J-Anne Martin, IT Community Member, Jeff Gill-no pic

IPC & QILN (Improving Patient Care & Quality and Innovation Learning Network)

Two Clinics participated in the Improving Patient Care (IPC) Initiative

- Cattaraugus Indian Reservation Health Center of the Seneca Nation.
- Mashpee Wampanoag Health Service Unit.



NAO Provides Prescription Drug Abuse Education on Public Radio

NAO Chief Medical Officer, Dr. Brown, educated the public on prescription drug abuse in Indian Country. This was broadcasted on National Public Radio through *Native America Calling*.

of and Access to Care

OPH Efforts Lead to Increased Dental Patient Treatment

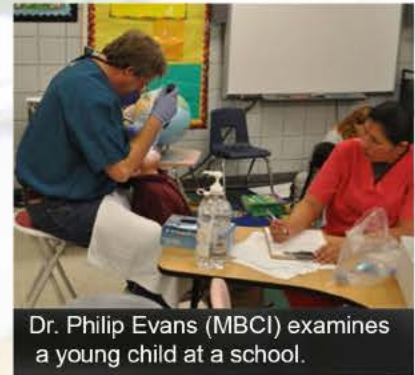


"We have 17 outstanding Dental Programs within 27 Clinics in the Nashville Area. These programs continually increase services and quality of care to Native Americans. I am amazed at their level of commitment to the mission of the Indian Health Service."

-Dr. Tim Ricks-Director, Office of Public Health

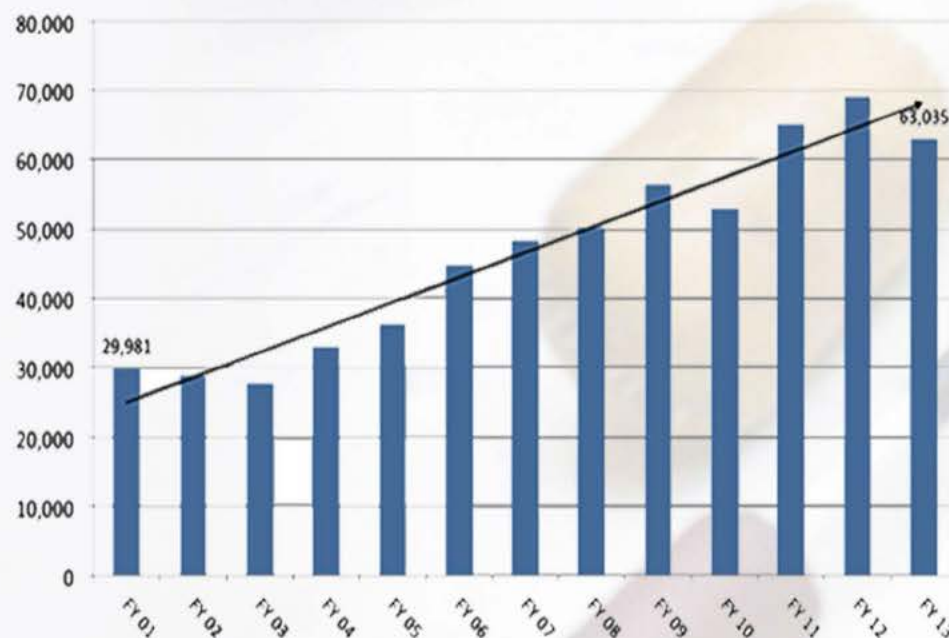
Increases

- Over the past decade, more patients have access to care (93% of the current user population.)
- Number of services offered in our clinics has increased in the past decade more than 85%.
- More prevention activities, such as dental sealants and fluoride varnish are now being provided in our clinics.
- In particular, access and preventive care has increased by 44% in 0-5 year-olds.
- Over the past 7 Years, the number of patients completing planned dental treatments in our clinics has more than doubled.
- In the past 5-7 years, clinical quality review scores have improved by almost 13%.

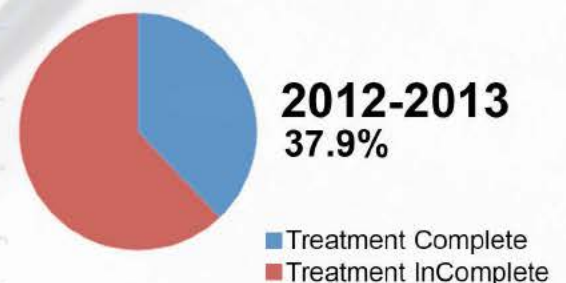
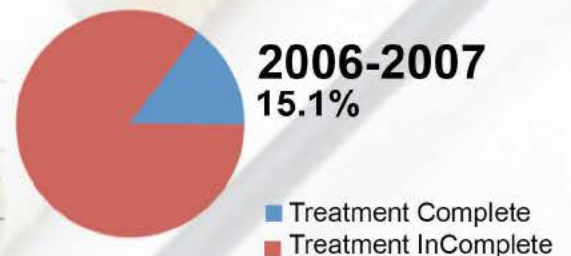


Increase in Patient Dental Visits

Over the past 13 years, the total number of patient visits in the Nashville Area has increased by over 110%



Percentage of Patients Completing Treatment



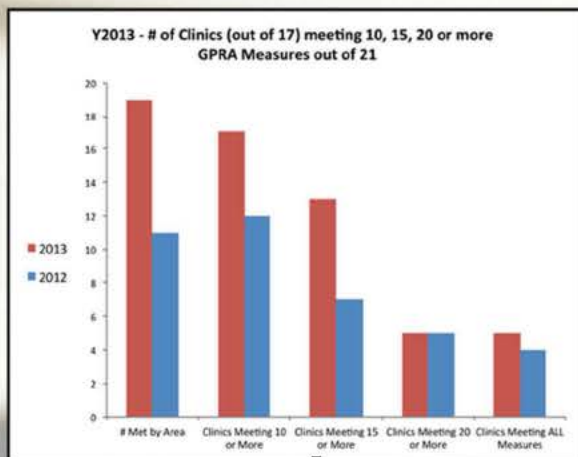


Priority 3. Improve the Quality



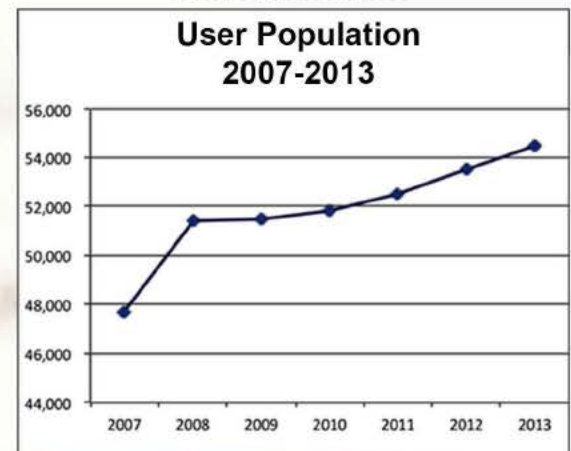
Government Performance and Results Act (GPRA)

GPRA Improvements



In 2013, quality of care improved as shown by GRPA performance. The number measures met by the area increased from 11 in 2012 to 19 in 2013.

Increased Patient Access to Clinical Services



The user population in the Nashville Area has grown by 7,000 since 2007



Veterans Integrated Service Networks (VISN) -In Relationship to Indian Health Service Areas

VISNs The Nashville Area continues to partner with Veterans Intergrated Service Network



Federal clinics
(Catawba, Mashpee, and Micmac) have established payment mechanisms with the VA to provide primary care to Native Veterans.



Chief Medical Officer,
CAPT Harry Brown

of and Access to Care

Million Hearts Initiative

The Initiative

Heart disease and stroke are two of the leading causes of death in the United States. Million Hearts® brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke.

NAO Educated Providers

Chief Medical Officer, Dr. Brown, presented to IHS providers on Hypertension & the Million Hearts initiative on IHS Clinical Rounds.

Four Area Tribes met or exceeded the blood pressure target for Million Hearts:

1. Chitimacha Tribe of Louisiana
2. Narragansett Indian Tribe
3. Oneida Indian Nation
4. Passamaquoddy Tribe at Indian Township

Methamphetamine & Suicide Prevention Initiative (MSPI)

Initiatives Included

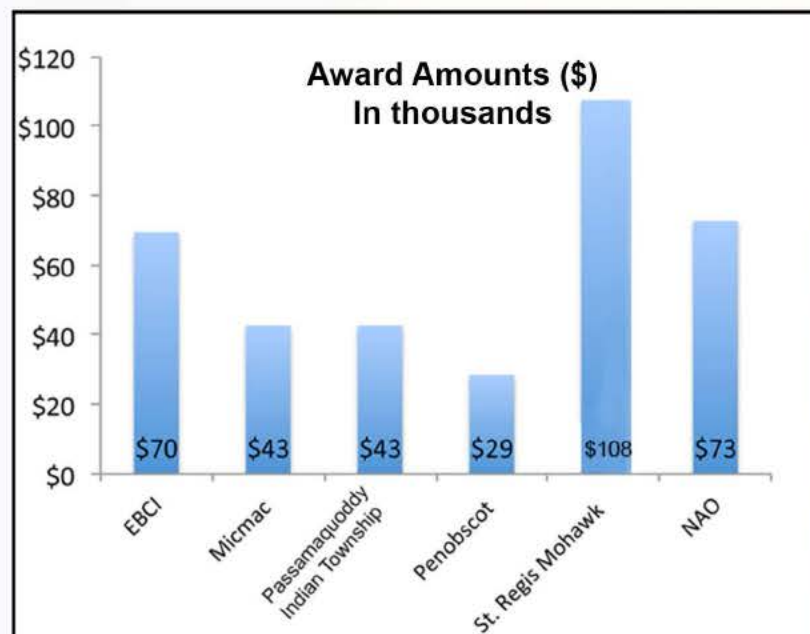
- Expanding and enhancing suicide prevention services.
- Increase Protective Factors.
- Suicide prevention intervention and postvention training
- Improving data collection and sustaining prevention efforts.



Chitimacha Health Staff (LtoR)
Dr. Charles Parsiola, Norma Boudreux, Morgan Carline, Mildred Darden, Margo Price, Angela Martin, Jessica Burns, Rita Vincent, Kristen Jones, Karen Matthews and Anita Molo



Oneida Indian Nation Health Services





Priority 3. Improve the Quality

Office of Environmental Health & Engineering (OEHE)



Acting Director OEHE, Haran Silva



Right-Environmental Specialist,
Riley Grinnell



Institutional Environmental Health
Officer, Kit Grosch

Fullfilling Agency Goals

- OEHE updated homeowner information at Passamaquoddy Pleasant Point through the Sanitation Tracking and Reporting Systems (STARS). This system is used to track sanitation deficiencies at the home level.
- Collaborated with the Seminole Tribe of Florida to coordinate an Electrical Controls training delivered in January 2013.
- Provided technical assistance to the Miccosukee Travel Plaza for the planning, design, and installation of water treatment for its public water system.

Environmental Health Services



Environmental Health Specialist, Riley Grinnell
attending Level 2 Injury Prevention Training



Playground Safety Inspections
Alabama-Coushatta

Health Inspections

- Reduced Foodborne illness risk factors violations in elder feeding programs and Head Start programs by **47%** from 2012. (This was the largest percent change in reduced violations nationally for the IHS study for the first year.)
- Received the "Quarterly Star Award" for implementing after action reports for all food service establishments, reducing critical violations by **21%** from last year.
- Spoke at the Annual 2013 Central Atlantic States Association of Food and Drug on the Indian Health Services role on Food Safety on Tribal Land (Niagra Fall, NY.)

of and Access to Care

NAO Sanitation Facilities Construction



Sanitation Project Completion

- FY13 **Completed 19 projects**, which provided safe drinking water or wastewater disposal to over 2,000 Indian homes
- Over 100 other projects in progress, for the **benefit of over 5,000 homes**
- Average duration to complete these projects: 3.4 years.

Construction FY (PL 86-121 Funded Allocations for SFC)

Tribe	EPA Clean Water (# Homes)	IHS Regular (# Homes)	IHS Housing (# Homes)
Alabama Coushatta		Eastside Water Storage Plan (0) \$61,000	(16) \$ 386,900
Catawba			(9) \$ 95,000
Coushatta	Inflow Reduction (33) \$23,000		
Eastern Cherokee		Raw Water Intake (1,722) \$640,000	(71) \$ 825,800
Miccosukee			(8) \$60,400
Mississippi Choctaw	WWTP Rnvt Plan (0) \$107,832		(40) \$101,714*
Narragansett			(3) \$85,000
Passamaquoddy IT	Rte 1 Lift Station (126) \$442,000		(6) \$115,000
Passamaquoddy PP		WWTP Improvements (193) \$40,000	
Penobscot			(6) \$83,000
Poarch Creek	WWTP Imprvmts (206) \$50,000	West WTP Improvements (217) \$136,000	(28) \$149,700
St. Regis Mohawk			(17) \$367,700
Seminole Tribe			(9) \$109,200
Seneca	Irving WWTP (55) \$207,500		
Shinnecock Nation		SW Management Plan (240) \$41,000 Sewer Master Plan (240) \$76,000	(3) \$65,000
Tuscarora Nation		Ind. Water/Wastewater (13) \$228,000	
Tonawanda Nation		Ind. Water/Wastewater (13) \$327,000	
Wampanoag Tribe			(2) \$65,000
TOTALS	(420) \$830,332	(2,638) \$1,481,000	(218) \$2,509,414

*Includes PY Funds

New Funding for Projects

- \$1.4 million in IHS Regular funds.
- \$2.5 million in IHS Housing funds.
- \$610,000 in EPA funds.
- 24 new projects serving 17 Tribes or Nations in Nashville Area
- Over 3,500 Indian homes will receive improved water or wastewater services from these projects.



Priority 3. Improve the Quality

OEHE/Facilities-Engineering



Mashpee Wampanoag Clinic

-A 3-Chair facility was completed at the Mashpee Wampanoag Clinic in Mashpee, MA to expand the current range of services provided at the facility. The dental facility was completed in Feb 2013. This dental facility is able to see dental patients for the first time at this location and provided more types of dental services.



Aroostook Band of Micmac-Family Dental Clinic

-A 3-Chair dental facility was completed at the Micmac Clinic at Presque Isle, ME. The contract for the project was awarded in August 2012 and the completed facility was handed-over to the Clinic in Feb 2013. This enhanced dental facility is able to provide more patients and more dental services.

Greatest Challenges for NAO Facilities

Challenges

-Meeting the geographical, cultural diversity of smaller and newer Tribes that have been incepted and working towards a favorable agreement with Self-Governance Tribes and Limited Staff.

Success

-Completion of the Building Project for Micmac & Mashpee
-All ARRA Projects have been completed for all OEHE ARRA Projects
-Choctaw Hospital Joint Venture Agreement signed new hospital construction agreement to be completed by December 2014.

of and Access to Care

Quality & Innovation Learning Network (QILN)

Improving Patient Care (IPC)



Seneca Nation Health Care System-
Cattaraugus Indian Reservation Health
Center

- Two Clinics participated in the Improving Patient Care (IPC) Initiative
- The Cattaraugus Indian Reservation Health Center of the Seneca Nation
- Mashpee Wampanoag Health Service Unit
- IPC-4 Team Image** (Top L-R) Brenda Giacchino, RN Supervisor, Cindy Doolittle, IPC RN Leader, Lori Crassi, team RD/CDE, Sue Hill Team RN, Tracy White, CDE/QI RN, J-Anne Martin, IT Community Member, Jeff Gill (not pictured) (Bottom L-R) Monica Fellenz, PA, Dr Cristina Misa, CMO, Dr Corinne Krist, provider.

Quality & Innovation Learning Network (QILN)



Seneca Nation Health System- Lionel R. John
Health Center

Three facilities participated in the Quality and Innovation Learning Network (QILN)

- Cherokee Indian Hospital
- Catawba Service Unit
- Seneca Nation Health System -Lionel R. John Health Center
- QILN Team Image** (L-R) Kelly Colton-Emke, RN Supervisor; J Anne Martin, ITS specialist; Yvonne Sweet, RN CDE, Quality Improvement; Dr. Michael Kalsman, Medical Director

Cherokee Indian Hospital (QILN)



Cherokee Indian Hospital QILN Team

QILN Team Image (L-R) Dwayne Reed; Executive Director of Engineering; Jody Bradley; Public Relation Office; Terri Morris; Director of Quality and Patient Safety; Chrissy Arch, Executive Director of Operation; Casey Cooper, Chief Executive Officer; Sonya Wachacha, Executive Director of Nursing; Beth Green; Executive Director of Human Resources; Lori Lambert, Executive Director of Budget and Finance; and Dr. Michael Toedt, Executive Director of Clinical Services.





Priority 3. Improve the Quality

Office of Environmental Health & Engineering-SFC cont.

Nashville Area Planning and Utility Support Branch Plus+B



2013 Tribal Utility Summit (April 8-12, 2013)



Pumping System Operations Training
at Seminole Water Treatment Facility (July 9-11, 2013)



Electric Controls Training at Seminole Tribe
of Florida (January 2013)



IHS-EPA Region 4-Eastern Band of Cherokee
Joint Surface Water Treatment Plant Filter
Backwash Cycle Evaluation (March 13, 2013)



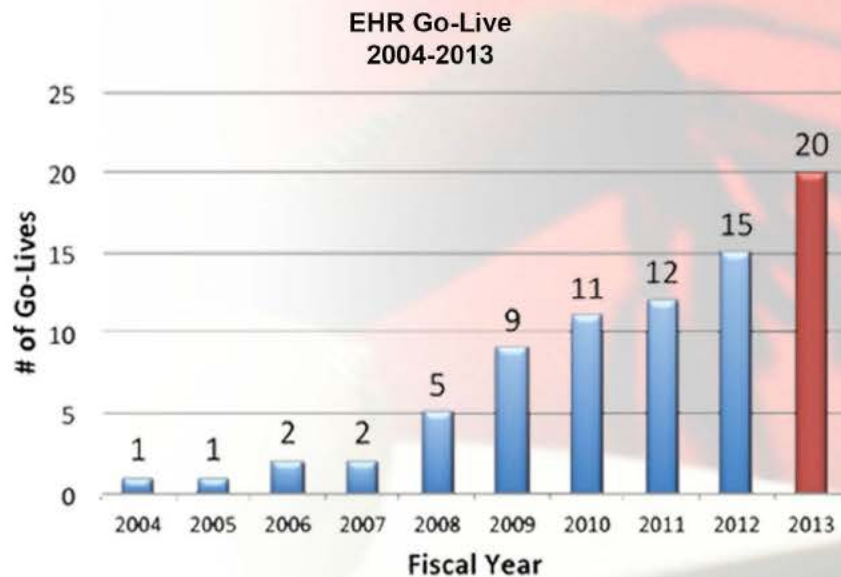
Austin Johnson, Alabama- Coushatta
water operator with IHS Engineering
Technician, Glen Thibodaux

Other Accomplishments

- All ARRA (Stimulus) projects were completed ahead of September 30th deadline
- Tremendous success in populating all Indian Homes Inventory Tracking System (HITS), a new requirements for FY 2014-60% of Indian homes.
- Direct Service Tribes were input in the system by the end of FY 13.
- Increased use of Webinars to provide training to IHS staff and Tribal Representatives.
- A Customer Service Program was initiated, and the program obtained baseline data for future analysis.

of and Access to Care

EHR Meaningful Use



-In FY 2013, Nashville Area Electronic Health Record Go-Live occurred at 5 sites. Since 2004, the EHR has been implemented at 20 sites.

-The Area is expanding EHR and Computer Provider Order Entry (CPOE) at 85% of our clinics, with collections totaling \$1.9 million from meaningful use.

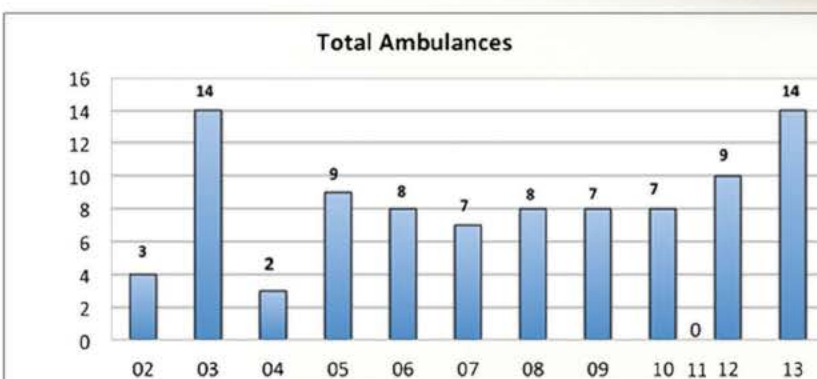
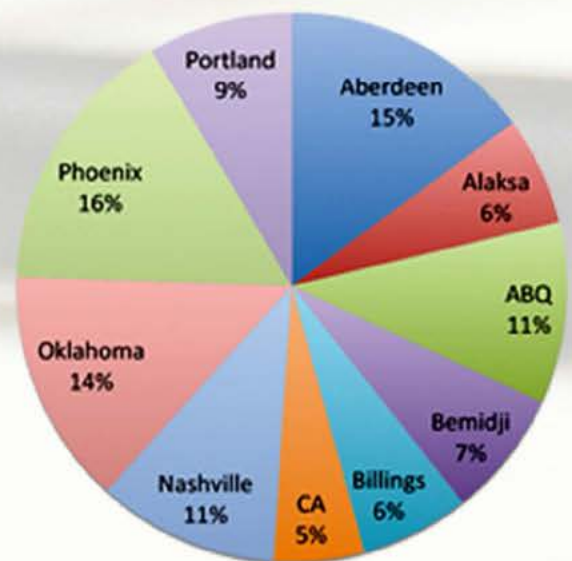
Project TRANSAM Ambulance Program

2001 IHS Survey finding showed that 50% responding programs did not have a back-up EMS Vehicle.

- 102 Ambulances Transferred since 2002
- 69 Tribes Provided backup EMS Vehicles since 2002
- 14 Ambulances Transferred in 2013
- 320, 274 Tribal Members Impacted Nationally in 2013.



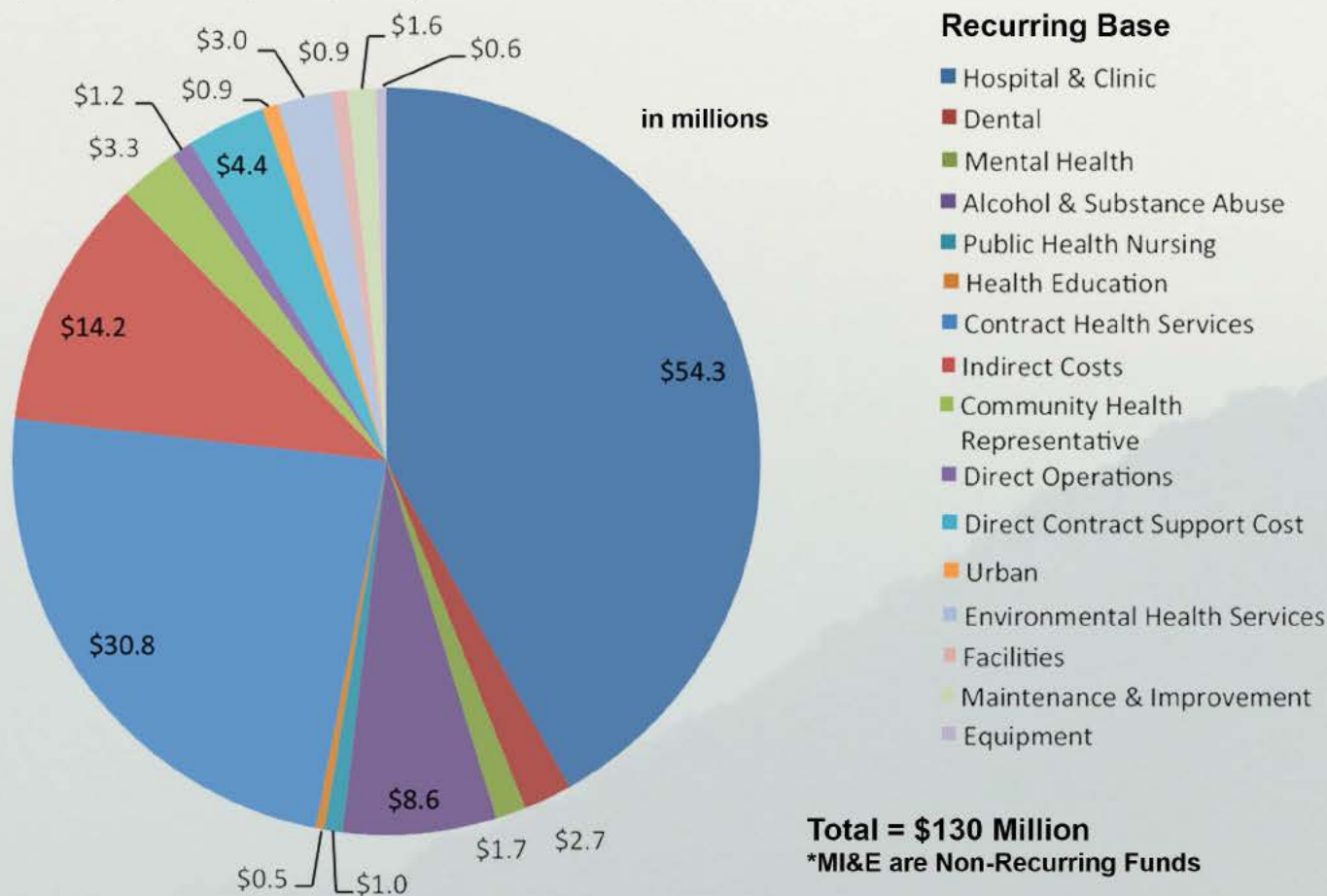
Ambulance Distribution% 2012-2013



Priority 4. Make All Our Work Accountable,

Where Our Money Comes From

(Oct. 1, 2012-Sept. 30, 2013)

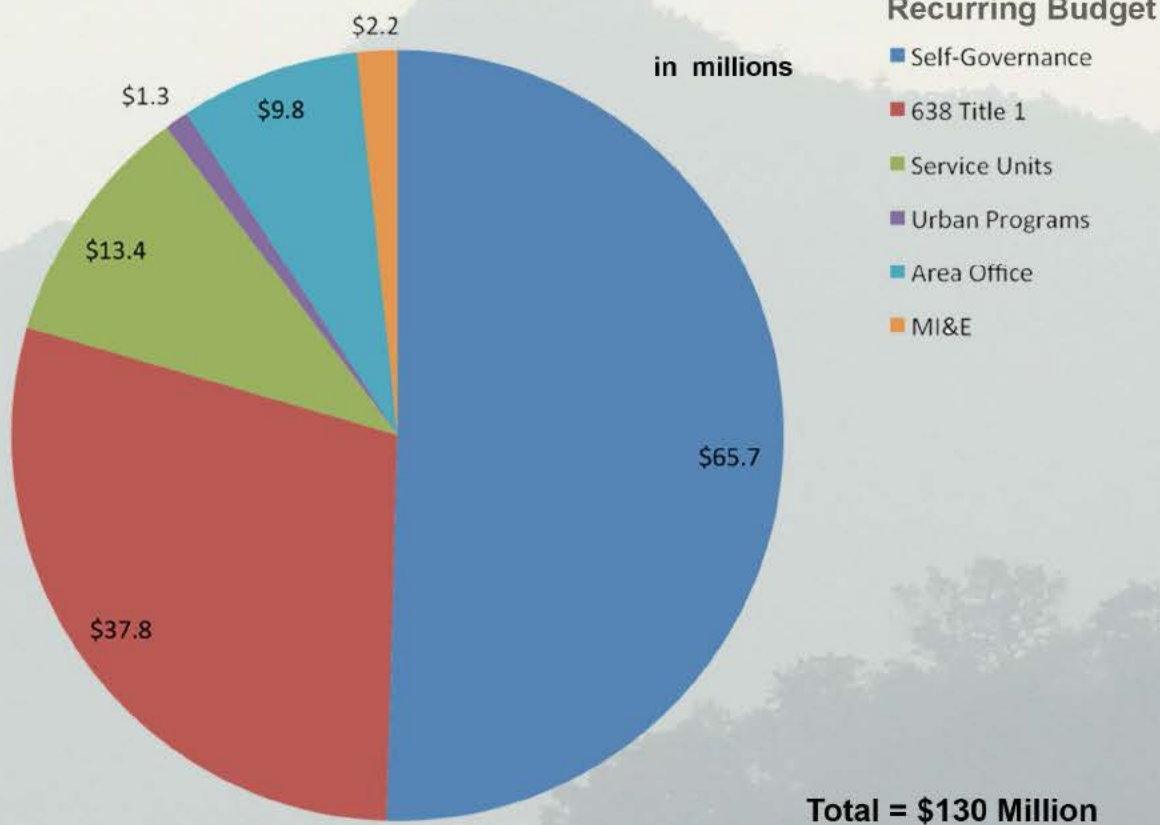


Where Our Money Comes From				
Recurring Base (FY 2012)				
Activity	In Millions	Recurring Base	FY 2012	Difference (+/-)
Hospital & Clinic	\$54.3	\$54,324,611.00	\$57,332,694.00	(\$3,008,083.00)
Dental	\$2.7	\$2,729,840.00	\$2,880,998.00	(\$151,158.00)
Mental Health	\$1.7	\$1,680,410.00	\$1,773,458.00	(\$93,048.00)
Alcohol & Substance Abuse	\$8.6	\$8,600,719.00	\$9,076,961.00	(\$476,242.00)
Public Health Nursing	\$1.0	\$1,026,181.00	\$1,083,003.00	(\$56,822.00)
Health Education	\$0.5	\$490,781.00	\$517,957.00	(\$27,176.00)
Contract Health Services	\$30.8	\$30,777,473.00	\$32,442,609.00	(\$1,665,136.00)
Indirect Costs	\$14.2	\$14,178,466.00	\$15,025,475.00	(\$847,009.00)
Community Health Representative	\$3.3	\$3,298,749.00	\$3,481,409.00	(\$182,660.00)
Direct Operations	\$1.2	\$1,688,988.00	\$1,782,511.00	(\$93,523.00)
Direct Contract Support Cost	\$4.4	\$4,438,529.00	\$4,389,631.00	\$48,898.00
Urban	\$0.9	\$939,485.00	\$943,968.00	(\$4,483.00)
Environmental Health Services	\$3.0	\$3,009,531.00	\$3,204,379.00	(\$194,848.00)
Facilities	\$0.9	\$885,089.00	\$933,814.00	(\$48,725.00)
Maintenance & Improvement	\$1.6	\$1,594,205.00	\$1,678,345.00	(\$84,140.00)
Equipment	\$0.6	\$580,188.00	\$613,523.00	(\$33,335.00)
Total	\$129.7	\$130,243,245.00	\$137,160,735.00	(\$6,917,490.00)

Transparent, Fair and Inclusive



Where Our Money Goes



Where Our Money Goes				
Area Annual Recurring Budget				
Activity	In Millions	Recurring Base	FY 2012	Difference (+/-)
Self-Governance	\$65.7	\$65,741,832.00	\$67,809,753.00	(\$2,067,921.00)
638 Title 1	\$37.8	\$37,830,060.00	\$40,792,583.00	(\$2,962,523.00)
Service Units	\$13.4	\$13,398,942.00	\$12,020,326.00	\$1,378,616.00
Urban Programs	\$1.3	\$1,280,631.00	\$1,304,005.00	(\$23,374.00)
Area Office	\$9.8	\$9,817,385.00	\$12,942,200.00	(\$3,124,815.00)
MI&E	\$2.2	\$2,174,393.00	\$2,291,868.00	(\$117,475.00)
Total	\$130.2	\$130,243,243.00	\$137,160,735.00	(\$6,917,492.00)

***Sequestration Year 2013**
(Total Reduction \$6.9)

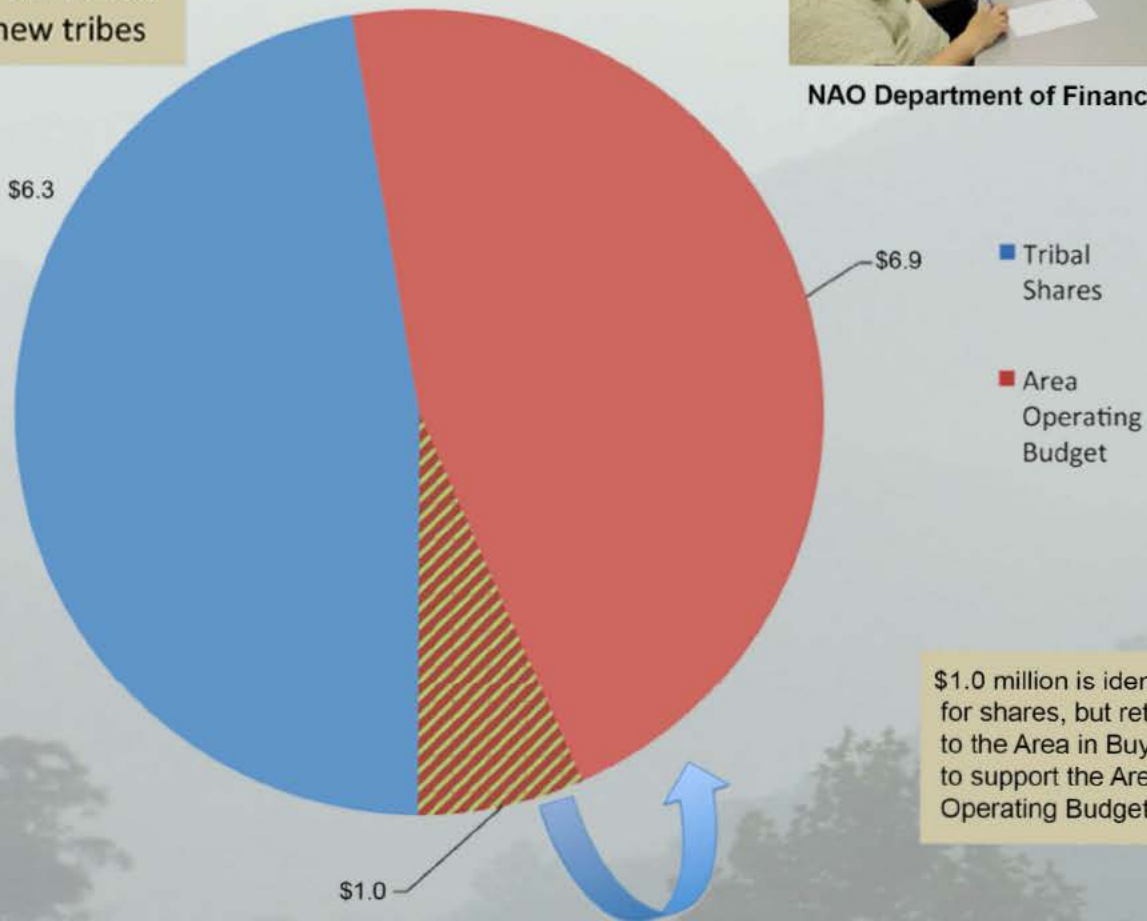
Priority 4. Make All Our Work Accountable,

Where Our Money Goes

(Operating Budget)

Total = \$14.2 Million
includes new tribes

\$6.9 million is identified to
support the Area Operating
Budget



\$1.0 million is identified
for shares, but returned
to the Area in Buybacks
to support the Area
Operating Budget.



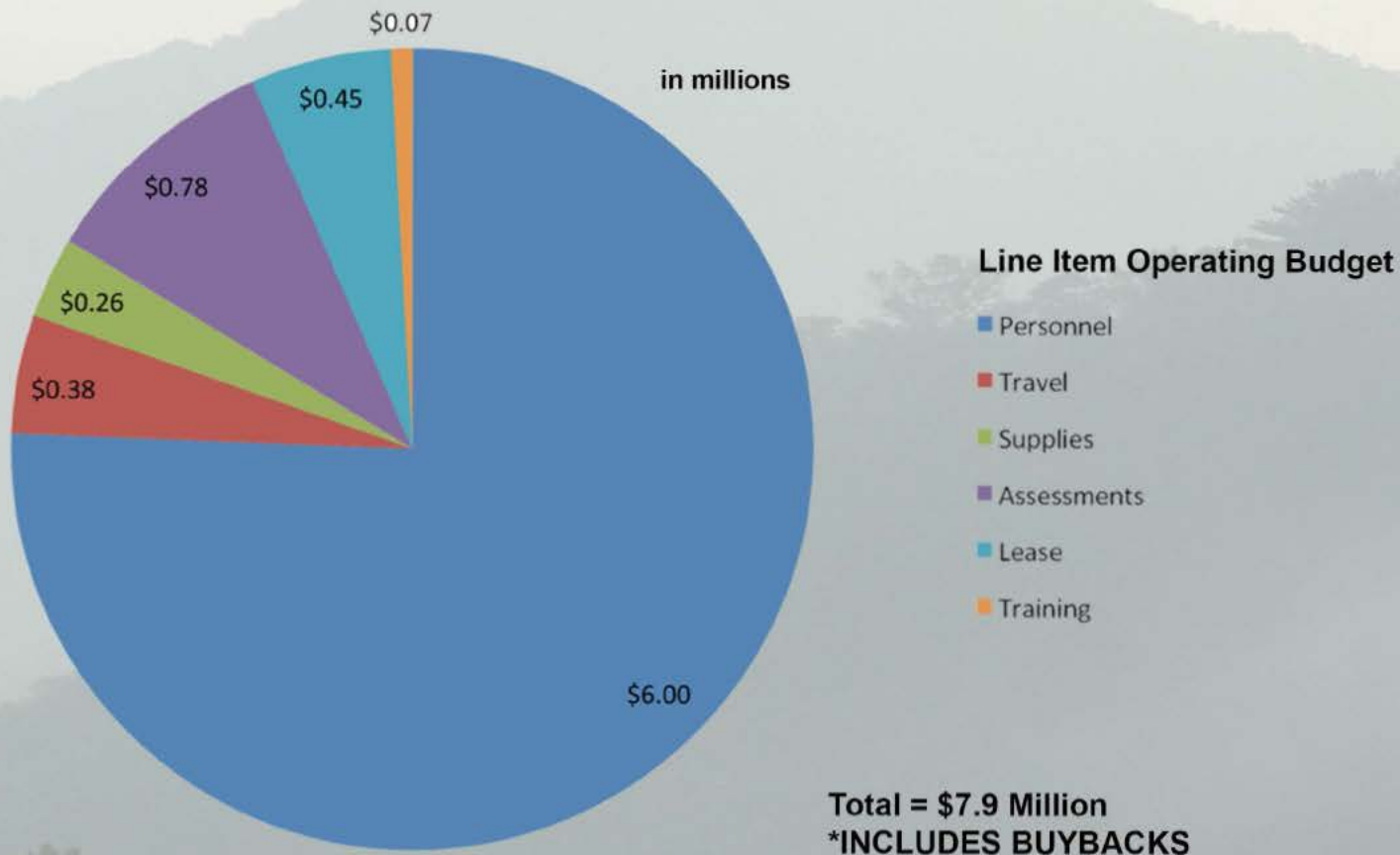
NAO Department of Financial Management

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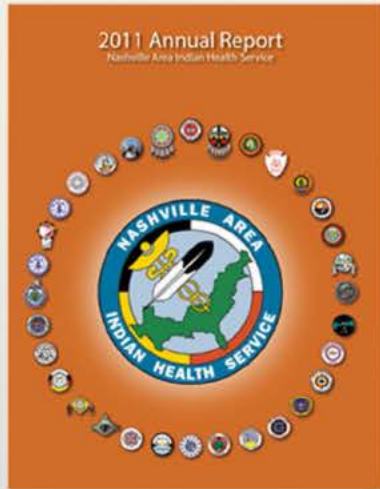
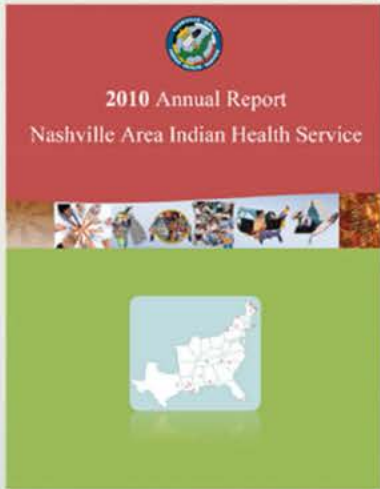
Where Our Money Goes

(October 1, 2012 - September 30, 2013)



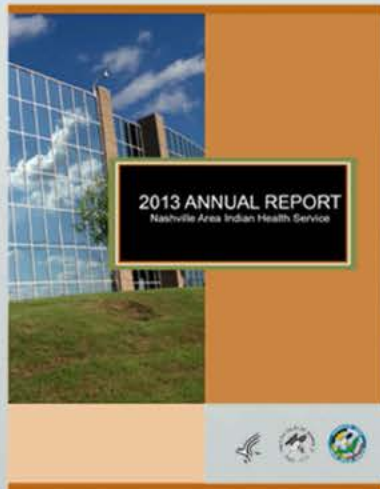
Where Our Money Goes				
Line Item Operating Budget (FY2012)				
Activity	In Millions	Recurring Base	FY 2012	Difference (+/-)
Personnel	\$6.00	6003554	\$5.30	\$0.70
Travel	\$0.38	\$385,373.00	\$0.70	(\$0.32)
Supplies	\$0.26	\$268,721.00		
Assessments	\$0.78	\$787,109.00	\$0.03	\$0.75
Lease	\$0.45	\$448,240.00		
Training	\$0.07	\$70,134.52		
Total	\$7.94	\$7,963,131.52	\$7.23	\$0.71

Priority 4. Make All Our Work Accountable,



Annual Reports

- The Nashville Area ensures that the Transparency & Accountability, under the Agency's mission, is met by publishing a yearly Annual Report, which reflects our accomplishments and ambitions to meeting the Agency's Five Priorities.



Director's Award



(L-R) IHS Director, Dr. Roubideaux; Project Champion, John Shutze.

Nashville Area Office Lease Update



- The Lease for the Area Office expired 12/31/2013 and extension has been granted to finalize the official lease.
- The current lease has been extended up to two years to give the General Service Administration (GSA) time to negotiate a new long-term lease.

Transparent, Fair and Inclusive



Personal Property



-At the end of FY13, over 740 items were inventoried with a value in personal property inventory of \$2.2 Million

Contracting



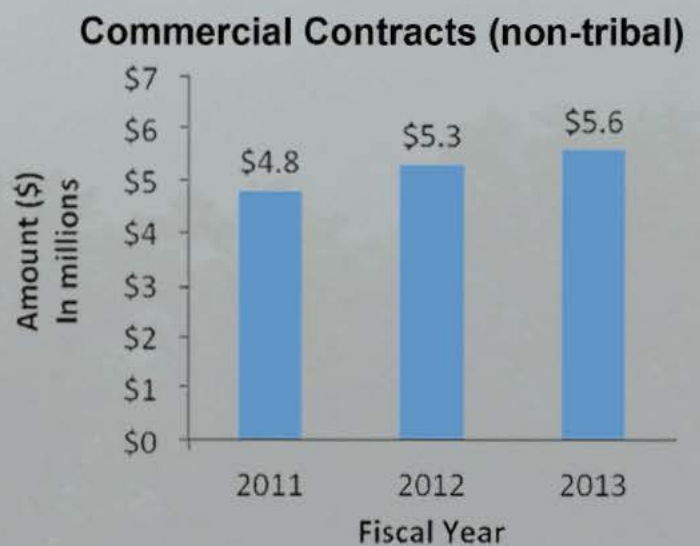
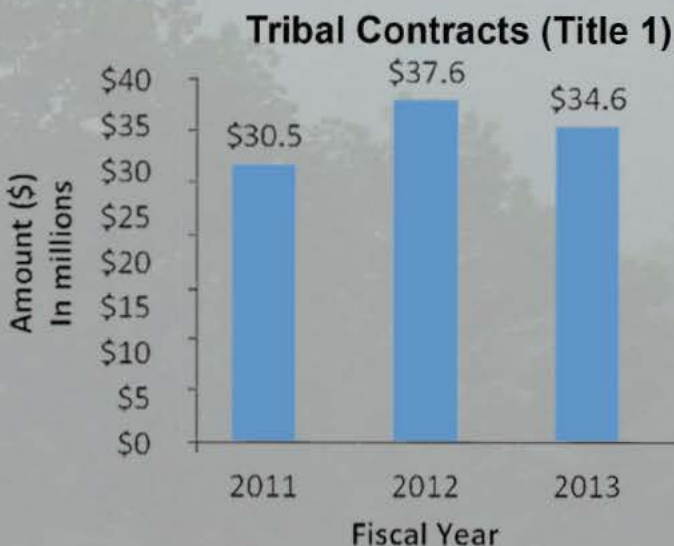
NAO Contracting Staff
(L-R) Donovan Yazzie, Ralph Ketcher, Andrew Rhoades, Donna Harjo, Michelle Nahlee

Small Business Contracts

- The Division of Extramural Awards and Agreements exceed goals for small business commercial contracts.
- The Division of Extramural Awards and Agreements secured over 70% of commercial contracts with small businesses.

Public Law 96-638

In FY 2013, 101 contracts were awarded to 14 Tribes totaling \$34,640,690



Priority 4. Make All Our Work Accountable,

Rescission & Sequestration

GRAND TOTAL SUMMARY						
	Recurring Base	Rescission	Revised Base	Sequestration	Total Reduction	Revised Grand Total
Tribal	114,966,773	(229,934)	114,736,839	(5,713,258)	(5,943,192)	109,023,581
Urban	1,304,005	(2,608)	1,301,397	(64,788)	(67,396)	1,236,609
Federal SU	14,132,498	(28,265)	14,104,233	(702,167)	(730,432)	13,402,066
Area	7,146,637	(14,293)	7,132,344	(355,774)	(370,067)	6,776,570
Totals	137,549,913	(275,100)	137,274,813	(6,835,987)	(7,111,087)	130,438,826

Training

Completed

- 100% of employees completed the No Fear Act Training.
- 100% compliance with OGE-450 filers to complete ethics
- 100% Compliance in Ethics Training.
- 100% Compliance in Computer Security & Rules of Behavior.
- 100% HHS supervisory training completed by all new supervisors hired FY2013.
- In FY2013, the Division of Financial Management successfully implemented the new Hyperion Budget Management Tool.



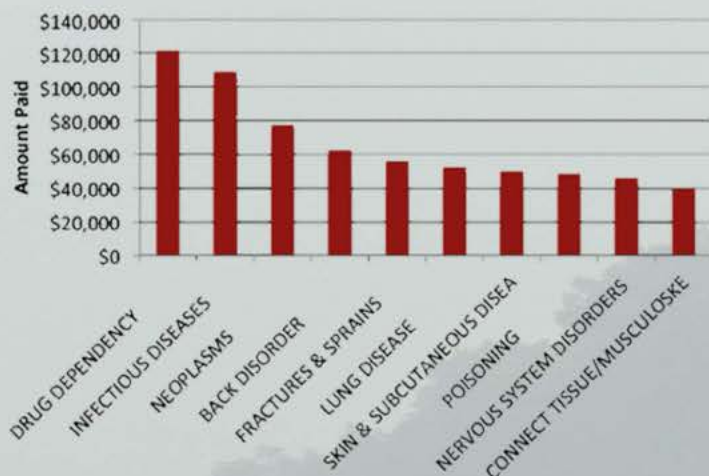
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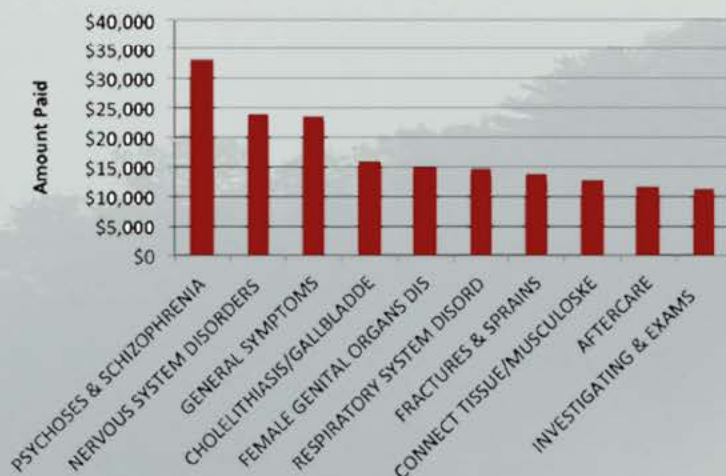
Top Diagnosis based on Claim Payments

(Facilities Representing Fiscal Intermediaries)

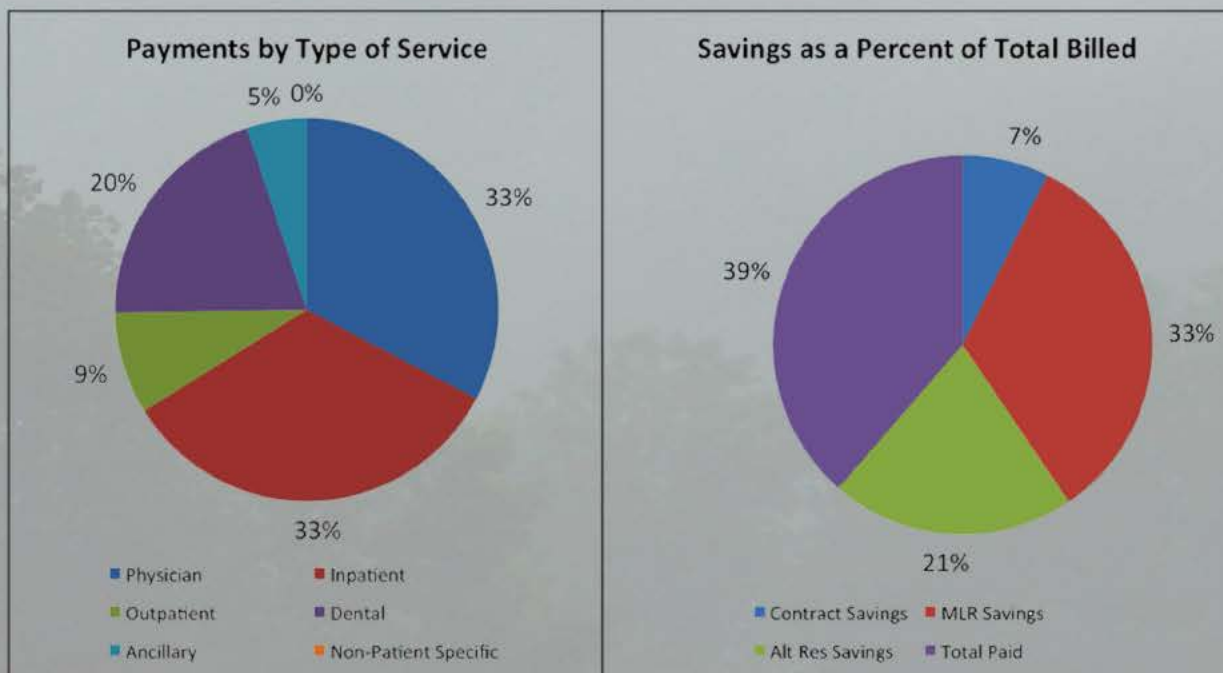
Top 10 *Inpatient* Diagnosis
(Cherokee Indian Hospital)



Top 10 *Outpatient* Diagnosis
(All Clinics)



Fiscal Intermediary





Priority 5. Customer Service

First Impression Team (FIT)



2010

FIT Champions (L-R) Gina Blackfox, Lindsay King, OJ King, Kristina Rogers



2013

FIT Champion's (L-R) Michelle Nahlee, Kristina Rogers, Dwight Isaac, Mary Yazzie, Ashley Jernigen, Inetta Tiger, (not pictured-Andrew Rhoades & Marla Jones)

Orientation

The Area's First Impression Team (FIT) was created in 2010. It continues to welcome all visitors to the NAO and takes the lead in orienting new employees to the Area Office. The FIT provided orientation during FY 2013 to 11 new hires to the Nashville Area Office. In support of improving customer service, the FIT has taken the initiative to release monthly customer service challenges to all Nashville employees to help improve the communication process and improve overall customer skills.

New Employees to the Nashville Area IHS during 2013

Nashville Area Office



Gennifer Williams



Donovan Yazzi



Dwight Isaac



Mark Skinner



Jessica Buster



Sydney Ketcher



Melaine Tomko



Ernest Tiger



Lindsay King

New Employees of the Nashville Area Office (cont.)

Catawba



Pam Wright



Brian Harris



Ryan Brooks



Roberta Sneed



Joshua Turtle



Jennie V. Dowdie



Johnathan Rash

Unity

Manlius

Mashpee

Lockport



Steve Milligan



Katelyn Bennett



June Richard



Jeanette Smith



Benjamin Warren



Myles Jones



Amanda Cross

Micmac



Susan Collins



Mara Capestany



Leland Samuels



Katie Espling



Dr. Stephen Skaleske



Dean Plourde



Dawn Schillinger



Beth Diamond

FY13 STAR Awardees



-Top Standing (L-R) OJ King, Riley Grinnell
Ashley Jernigen. (not pictured Melaine Tomko)



NAO Merry Christmas



Halloween



Native American Heritage Month



Fall Gathering-Making Connections



EVENTS

Scott Helgeson Farewell



Charles Robinson



Local Native
Contributes
Cultural Education
at the 2013 Awards
Ceremony

Summer Smoothie Break



Wear Red Day



Thanksgiving



Get on the Bus



Veterans Day



2013 ANNUAL REPORT

Nashville Area Indian Health Service

